

STATE OF ALABAMA  
CONTINUING EDUCATION ANNUAL REPORT FORM

**Instructions:** List all activities in which you participated that can be used for continuing education credit. Use as many blocks as required. You may duplicate this form if necessary. It is important that enough detail is given to justify the credit claimed and its relationship to the practice of architecture. **NOTE: GRAND TOTAL OF ALL HOURS REPORTED MUST EQUAL AT LEAST TWELVE HOURS.**

STRUCTURED ACTIVITIES (8 CEH Minimum)

DATE(S)	DESCRIPTION/TITLE	INSTRUCTOR/SPONSOR/LOCATION	RELEVANT 8 CEH MIN.
TOTAL			
SELF-DIRECTED ACTIVITIES (4 CEH MAXIMUM)			
DATE(S)	DESCRIPTION/TITLE	INSTRUCTOR/SPONSOR/LOCATION	RELEVANT 4 CEH MAX.
TOTAL			

CERTIFICATION:

☐Yes ☐No

Have you been charged, arrested, convicted, found guilty or pleaded “nolo contendere” to any criminal offense since the filing of your last renewal application (excluding misdemeanor traffic infractions)? If YES, submit details.

☐Yes ☐No

Have you been investigated, charged, or disciplined since the filing of your last renewal application? If YES, submit details.

☐Yes ☐No

Are you currently under investigation by a governing or licensing board or by a state or federal agency? If YES, submit details.

I certify and affirm that I have read and understand the Registration Laws of Alabama and that I have complied with the Continuing Education requirements for the period preceding this renewal.

I am exempt from continuing education requirements for the following reason:  
\_\_\_\_Emeritus Architect      \_\_\_\_First-Time Registrant      \_\_\_\_Personal Hardship (approval letter attached)

I certify and affirm that I have participated in the above-listed continuing education activities, which are true and accurate records of CEHs earned during the period from October 1, 2005 to September 30, 2006 (or through date of submittal).

I certify and affirm that in lieu of the above, I have met the current continuing education requirements of **my RESIDENT STATE** for my current registration in that state. **A copy of my wallet card, letter of good standing, or certificate is attached from my RESIDENT STATE.** (AR, ID, IA, KS, KY, LA, MA, MN, MS, NE, NM, NC, OK, OR, RI, SC, SD, TN, TX, VT, WV) **NOTE: This exemption does not apply on applications for reinstatement of registration.**

Jurisdiction: \_\_\_\_\_Registration Number: \_\_\_\_\_

Signature: \_\_\_\_\_Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_Alabama Registration Number: \_\_\_\_\_